

Effective on 10/01/2008
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL FOR FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810.00)

Complete if Known

Application Number	10/520,438
Filing Date	January 26, 2006
First Named Inventor	FAURE, Sylvain
Examiner Name	Gregory E. Webb

Art Unit 1796
Attorney Docket No. 10404.008.00

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-0911 Deposit Account Name: McKenna Long & Aldridge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	115	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Small Entity</u>	
Each claim over 20 (including Reissues)	52 26	
Each independent claim over 3 (including Reissues)	220 110	
Multiple dependent claims	390 195	
<u>Total Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP = 0 x \$52 = 0		
HP = highest number of total claims paid for, if greater than 20.		
<u>Indep. Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP = 0 x \$220 = 0		
HP = highest number of independent claims paid for, if greater than 3.		
<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
0		0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

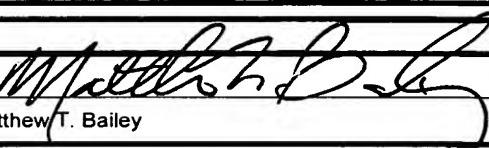
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
- 100 = 0	/ 50 = 0	(round up to a whole number) x	= 0	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination (RCE)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 33,829	Telephone (202) 496-7500
Name (Print/Type)	Matthew T. Bailey		Date August 1, 2009